

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT
FORM COR-C/OH
2022 JAN 19 AM 9:31

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> Final report Other (specify) _____
	5 ORIGINAL PERIOD COVERED		Month Day Year 7 / 28 / 2021 THROUGH 12 / 31 / 2021		Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____

6 EXPLANATION OF CORRECTION

Detail of expenditures was incomplete. The correct schedules have been attached and associated cover sheet edits have been made.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Amye Hollins
Signature of Candidate/Officeholder



Please complete either option below:

Sworn to and subscribed before me by Amye Thompson Hollins is the 19 day of January, 2022, to certify which, witness my hand and seal of office.

Deatrice E Kirk DEATRICE E. KIRK *Administrative Mgr.*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

